

12-11-00

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Approved for use through 10/31/2002. OMB 0651-0032
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|---|------------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. | |
| | First Inventor | HANS A. MISCHKE |
| | Title | METHODS + DEVICES for Treatment of Bone FRACTURES |
| | Express Mail Label No. | EF 385 844 52 US |

| | |
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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 10] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 5. Oath or Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies |
| ACCOMPANYING APPLICATION PARTS | |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | | | |
|---|----------------------|---|------------|----------|-------|
| 19. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) | | or <input checked="" type="checkbox"/> Correspondence address below | | | |
| Name | HANS A. MISCHKE | | | | |
| Address | 1221 CHELMSFORD LANE | | | | |
| City | ST. CLOUD | State | MINN | Zip Code | 56301 |
| Country | USA | Telephone | 320 260014 | Fax | |

| | | | |
|-------------------|------------------------|-----------------------------------|---------|
| Name (Print/Type) | HANS A. MISCHKE | Registration No. (Attorney/Agent) | |
| Signature | <i>Hans A. Mischke</i> | Date | 12/8/00 |

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
NumberDeposit
Account
Name☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$) 355.00

2. EXTRA CLAIM FEES

Total Claims 24
Independent Claims 4
Multiple Dependent

Extra Claims Fee from below Fee Paid

-20** = 4 X 9 = 36

-3** = 1 X 40 = 40

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 431

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Fee Code | Large Entity (\$) | Small Entity (\$) | Fee Description | Fee Paid |
|----------|-------------------|-------------------|---|----------|
| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 Non-English specification | |
| 147 | 2,520 | 147 | 2,520 For filing a request for <i>ex parte</i> reexamination | |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 Extension for reply within first month | |
| 116 | 390 | 216 | 195 Extension for reply within second month | |
| 117 | 890 | 217 | 445 Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 Notice of Appeal | |
| 120 | 310 | 220 | 155 Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 Petition to revive - unintentional | |
| 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 Design issue fee | |
| 144 | 600 | 244 | 300 Plant issue fee | |
| 122 | 130 | 122 | 130 Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) | |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 710 | 279 | 355 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 431

SUBMITTED BY

Name (Print/Type)

Signature

Hans A. Mische

Hans A. Mische

Registration No.

(Attorney/Agent)

Complete (if applicable)

Telephone

Date

320 260 0121

12/8/00

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